



State of Rhode Island  
Department of Business Regulation



**DIVISION OF COMMERCIAL LICENSING AND REGULATION  
LIQUOR SECTION**

233 Richmond Street, Suite 230  
Providence, Rhode Island 02903-4230  
Telephone (401) 222-2562 Facsimile (401) 222-6654  
[www.dbr.state.ri.us](http://www.dbr.state.ri.us)

**APPLICATION FOR AGENTS LICENSE**

Every person who represents any distillery, winery or brewery shall be deemed to be acting as an agent for such distillery, winery or brewery and shall be required to have a Rhode Island Agents License.

Remit with this application the License fee of \$ 50.00 payable to the "Rhode Island Division of Taxation".  
Licenses expire on December 1.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_

Have you ever been refused a license by this or any other State as an agent or salesperson? If yes, explain.

\_\_\_\_\_

Have you ever had an arrest conviction? If yes , explain.

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach a photograph of yourself to this application (New applicants only). Date of photo \_\_\_\_\_

**STATEMENT OF EMPLOYER:**

I hereby certify that I have compared the above with the employee and that above are his/her signature and photograph.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_  
Signature Official Capacity

**NOTARY PUBLIC:** Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_